



MARYLAND
STATE OF MARYLAND
STATE LABOR RELATIONS BOARD
REPRESENTATION PETITION

839 Bestgate Road
Suite 400
Annapolis, MD 21401

Complete Sections 1 through 6. Please type or clearly print.
See instructions on back.

DO NOT WRITE IN THIS SPACE

CASE NO. *EL 2007-01*
DATE FILED: *3/26/07*

1. STATE EMPLOYER

Full Name University of Baltimore		County Baltimore City
Address of Employer (Street and Number, City, State and Zip Code): 1420 N. Charles Street, Baltimore, Maryland 21201	Name and Title of Representative to Contact: Karen Drake, Vice President Human Resources	Telephone No. 410-837-5410
Attorney/Consultant Representing State Employer (if any): None Known	Attorney/Consultant Address (Street and Number, City, State and Zip Code): None Known	Telephone No. None Known

2. PETITIONER

Full Name: Cheryl Summers Hain, Eligible Non-exempt Collective Bargaining Unit Member		
Address of Petitioner (Street and Number, City, State and Zip Code): 1026 Foxwood Lane Baltimore, Maryland 21221	Name and Title of Representative to Contact: Cheryl S. Hain	Telephone No. 443-600-6290 443-600-6289
Attorney/Consultant Representing Petitioner (if any): None	Attorney/Consultant Address (Street and Number, City, State and Zip Code): None	Telephone No. None

3. CURRENT MAJORITY ORGANIZATION

Full Name: American Federation of State, County and Municipal Employees (AFSCME), Council 92		Expiration Date of any existing contract 6/22/2007
Address of Majority Organization (Street and Number, City, State and Zip Code): 190 W. Ostend Street, Suite 101, Baltimore, Maryland 21230	Name and Title of Representative to Contact: Sue Esty, Interim Executive Director	Telephone No. 410-547-1515

Attorney/Consultant Representing Majority Organization (if any):None Known	Attorney/Consultant Address (Street and Number, City, State and Zip Code):None Known	Telephone No.NA
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4. EMPLOYEE ORGANIZATION(S) OTHER THAN THE CURRENT MAJORITY ORGANIZATION WHICH MAY HAVE AN INTEREST IN THIS PETITION <i>(Attach additional sheets if necessary)</i>	
Organization Name: None Known	Organization Address (Street and Number, City, State and Zip Code): None Known
Person to Contact and Title:None Known	Telephone No.NA

5. PETITION FOR	Certification <input checked="" type="checkbox"/>	Decertification <input type="checkbox"/>	<i>(Check appropriate box(es). See instructions on back)</i>
Description of the unit to be certified <input checked="" type="checkbox"/> decertified: Number of employees in unit University of Baltimore non-exempt staff collective bargaining unit. Included: 129 eligible non-exempt collective bargaining Unit members Excluded: approx. 15 non-eligible for collective bargaining			

6. DECLARATION
Name of Petitioner: <u>Cheryl Summers Hain</u>
I declare that I have read the above petition and that the information is true to the best of my knowledge and belief.
By <u>Cheryl Summers Hain</u> Unit Date: <u>3/25/07</u> (Signature of Authorized Representative) (Title) Member

